

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

**10 599,255**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3			/				53						
4		/					54						
5			/				55						
6		/					56						
7			/				57						
8		/					58						
9			/				59						
10		/					60						
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12	/						62						
13		/					63						
14			/				64						
15		/					65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	24	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	27						TOTAL CLAIMS						